

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9445

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 3034		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Friedrich		a. (First) Henry		b. (Middle) Frevert		c. (Last)	
4. DATE OF DEATH March, 11, 1950.		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 14, 1868		9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 0		11. UNDER 1 HRS. Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Lippe Detmold, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Johanna Frevert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No history		16. SOCIAL SECURITY NO. - - - -		17. INFORMANT'S SIGNATURE OR NAME Fred Frevert, Jr., Higginsville, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Papilloma of Bladder				INTERVAL BETWEEN ONSET AND DEATH Years 42/4 3-Months.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1948, to March, 11, 1950, that I last saw the deceased alive on March, 11, 1950, and that death occurred at 5:15 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Fred Frevert, Jr., M.D.		23b. ADDRESS Higginsville, Mo.		23c. DATE SIGNED 3-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-50		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cem.		24d. LOCATION (City, town, or county) (State) Higginsville, Missouri.	
DATE REC'D BY LOCAL REG. March 15-50		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Higginsville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-28-50
RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-6-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. 354
working under my personal supervision.

Student Forest R. Hoefler
Student Embalmer

Signed Forest R. Hoefler

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.